



## REQUEST FOR CERTIFIED COPY

Date: \_\_\_\_\_

Requests should be made in writing on this form or by letter. Mail request(s) to **Alabama Department of Forensic Sciences, P. O. Box 3510, Auburn, Alabama, 36831-3510.**

Title 36, Chapter 18, of the Code of Alabama (1975) provides that final reports of the Alabama Department of Forensic Sciences are available on request upon the payment of the prescribed fee, currently **\$10.00. This fee is non-refundable.** Enclose money order or check with request. *Please DO NOT send cash.* A final report of the Alabama Department of Forensic Sciences is not public record if there is a pending criminal investigation or judicial proceeding.

Requests for copies of an entire case file, photographs, videos, etc. require a subpoena from a court of proper jurisdiction and additional fees are charged. Alabama Code (1975) Sections 36-18-2, 12-21-3.1.

All requests should include the following information: (\* indicates required information)

\*NAME: \_\_\_\_\_ \*DATE OF BIRTH: \_\_\_\_\_

\*DATE OF INCIDENT: \_\_\_\_\_ \*COUNTY OF INCIDENT: \_\_\_\_\_

\*CIRCUMSTANCES OF INCIDENT / DEATH: (DUI charges, controlled substances, car accident, shooting, suspected suicide, drowning, etc.) \_\_\_\_\_

\*Is there a current or pending criminal investigation or case relating to this case? YES ☐ NO ☐

If yes, what is the case number? \_\_\_\_\_

DEPARTMENT OF FORENSIC SCIENCES CASE NUMBER (if known): \_\_\_\_\_

\*NAME AND MAILING ADDRESS OF INDIVIDUAL OR COMPANY REQUESTING THE CERTIFIED COPY AND TO WHOM THE COPY SHOULD BE MAILED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enclose a separate **money order or check** for each case. *Please DO NOT send cash.*

Make money order or check payable to **ALABAMA DEPARTMENT OF FORENSIC SCIENCES.**

Please include a **SELF-ADDRESSED, STAMPED ENVELOPE.**

If, for any reason, the requested information is not currently public record, your request and check or money order will be returned.